

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-016817

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 87

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gladstone</u>		c. CITY OR TOWN <u>Gladstone</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6207 N. WAYNE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6207 N. WAYNE</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Samuel Botkin</u>			4. DATE OF DEATH Month Day Year <u>June 2 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-2-1908</u>
9. AGE (last birthday) <u>52</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman Joe Vaughn Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARROLTON, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
11a. FATHER'S NAME <u>Charles W. Botkin</u>		11b. MOTHER'S MAIDEN NAME <u>MARY K. CALLAWAY</u>	11c. NAME OF HUSBAND OR WIFE <u>Mollie Botkin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>495-80-1516</u>	17. INFORMANT Address <u>Mollie Botkin 6207 N. WAYNE</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound Rt Temple</u> DUE TO (b) <u>45 Cal. U.S. Army Automatic Pistol</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. A. Palk M.D. (Coroner)</u>		22b. ADDRESS <u>North Kansas City Mo.</u>	22c. DATE SIGNED <u>6/12/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-3-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S CEM</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer Iowa N.K.C.</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-61</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Judgens</u>

1961 JUN 22

1961 JUN 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John V. Henrich

Licensed Embalmer No. 41848

P. O. Address K.C. 17, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.